



Candidate's or Committee's Report of Receipts and Expenditures

Candidates and candidate committees: File in the office where you filed your nominating petition.

PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office,
500 E Capitol Ave., Pierre, SD 57501-5070

RECEIVED
FEB 02 2007

See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.

Name of Candidate or Committee Aurora County Republican Party *2-1-07*

Complete Mailing Address 110 South Walnut Plankinton SD 57368

Name of Person Making Report April Johnson Daytime Phone Number 699-4364

If you are a candidate, what office are you seeking? _____

If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.

Type of Report (See pages 4 & 5 of Guideline Book) Year-End

For Reporting Period Ending (See pages 4 & 5 of Guideline Book) November 1st, 2006 to
December 31st, 2006

The following verification must be completed before submitting report.

VERIFICATION OF PERSON MAKING REPORT

I April Johnson (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Date: 2-1-2007

April Johnson, Treas

Candidate Signature or

Signature of Committee Treasurer or Chairperson

Revised July 2001

Filed this 2nd day of February 07
Chi Nelson
SECRETARY OF STATE

For the reporting period ending _____

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

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Unitemized Contributions from Individuals: *\$ _____

Itemized Contributions from Individuals

[illegible]

Total of Itemized Contributions from Individuals:	*\$
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For the reporting period ending _____

For the reporting period ending _____

Schedule A – Direct Contributions (continued)

Unitemized Contributions from Political Parties:

*§

Itemized Contributions from Political Parties

Party Name	Address
	N/A

\$ _____

\$ _____

Total of Itemized Contributions from Political Parties:

*§

Itemized Contributions from Political Action Committees (PAC's) - All contributions from PAC's must be itemized.

PAC Name	Address
	N/A

[illegible]**Total of Itemized Contributions from Political Action Committees:**

*\$

Total of All Direct Contributions (Sum of all lines with an *)

\$

Name of Candidate or Committee: _____

For the reporting period ending: _____

Schedule B - Fund-Raising Events Proceeds

List on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. If a contributor gives more than \$100 or their contribution results in their aggregate being more than \$100 in the calendar year, those contributions must be itemized on Schedule A.

Type or Name of Event	Net Proceeds

Total: _____

Schedule C - In Kind Contributions

Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.

Nature of Non-Cash Contribution	Name, Residence Address & Place of Employment	Estimated Value

Total: _____

Schedule D - Other Income

Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.

Source of Income	Amount

Total: _____

For the reporting period ending: _____

This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.

[illegible]

Name of Candidate or Committee: Aurora County Republican PartyFor the reporting period ending: December 31, 2006**Summary Page**

This summary sheet will give a brief outline of all campaign finance activity during this reporting period. Please transfer all totals from the schedules previously completed.

1. Amount on hand, if any, at the beginning of the reporting period: \$ 1080.47
2. Receipts

Schedule A - Direct Contributions	\$	<u>- 0 -</u>
Schedule B - Fund-Raising Events	\$	<u>- 0 -</u>
Schedule C - In Kind Contributions	\$	<u>- 0 -</u>
Schedule D - Other Income	\$	<u>- 0 -</u>
Total of all Receipts	\$	<u>- 0 -</u>
3. Total Monetary Receipts (A+B+D) \$ - 0 -
4. Candidate's Personal Contribution to Own Campaign \$ - 0 -
5. Monetary Loans to Candidate or Committee During Reporting Period \$ - 0 -
6. Monetary Loans Repaid During Reporting Period \$ - 0 -
7. Expenditures - Schedule E \$ - 0 -
8. Unpaid Obligations - Schedule F \$ - 0 -
9. Amount on hand at the close of this reporting period. *
This should equal lines (1+3+4+5) - (6+7) \$ 1080.47

SECRETARY OF STATE

State Capitol, Suite 204
 500 East Capitol Avenue
 Pierre, South Dakota
 57501-5070
 sdsos@state.sd.us
 www.sdsos.gov



Chris Nelson

Secretary of State

Chad Heinrich

Deputy

State of South Dakota

Voluntary Statement of Organization for a Political Action or Ballot Question Committee

State law does not require new political action (PAC) or ballot question committees to register with the Secretary of State. Law does however require these committees to file campaign finance reports periodically following the commencement of political activity. This voluntary registration form will give the Secretary of State the information necessary to send your committee the proper reporting forms prior to the deadline for filing.

FULL NAME OF COMMITTEE: _____

MAILING ADDRESS: _____

COMMITTEE TREASURER: _____

PHONE: _____

TYPE OF COMMITTEE (PAC or Ballot Question): _____

If you are a ballot question committee, please also indicate the measure which you are supporting or opposing.

Date: _____

 Signature of person submitting voluntary registration